

OCT 11 2004

PTO/SB/22 (10-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) IN-S331	
Application Number 09/1930,615		Filed August 14, 2001	
For Coating Composition Including a Water-Based Copolymer Cross-Linking Agent			
Art Unit 1714		Examiner Edward CAW	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$ 980.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **02-1201**. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number **42906**

☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

Michael T Morgan **October 11, 2004**
Signature Date

Michael Morgan **248-948-2355**
Typed or printed name Telephone Number

☐ Total of _____ forms are submitted.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL For FY 2005 Patent fees are subject to annual revision..	Application Number	09/930,615
	Filing Date	August 14, 2001
	First Named Inventor	Swaminathan RAMESH
	Examiner Name	Edward CAIN
	Art Unit	1714
	Attorney Docket No.	IN-5331
	Express Mail Certificate	
	Customer Number	26922

TOTAL AMOUNT OF PAYMENT \$1,090.00																																																																																																																																																																						
METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Deposit Account: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Deposit Account Number 02-1201 Deposit Account Name BASF CORPORATION The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Change fees indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account																																																																																																																																																																						
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TOTAL AMOUNT OF PAYMENT		\$1,090.00	
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<input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Check			
Deposit Account Number		02-1201	
Deposit Account Name		BASF CORPORATION	
The Director is authorized to: (check all that apply)			
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1201 88		Independent claims in excess of 3	
1203 300		Multiple dependent claims, if not paid	
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1205 18		**Reissue claims in excess of 20 and over original patent	
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Country	USA	Telephone	(248) 948-2355
Name (print Type)	Michael Morgan	Registration No. (Attorney Agent)	42,906
Fax		(248) 948-2093	

FEE CALCULATION (continued)

3. ADDITION FEES

Large Entity	Fee Description	Fee Paid
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1814	110	Terminal Disclaimer Fee

Other fee (specify) _____

Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$1,090